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AUTHOR Fuller, Heidi A.
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ABSTRACT

In order to evaluate a required health and wellness course at Salem State College, the researcher conducted a triangulation study using a student questionnaire, an instructor survey, and student focus group interviews. The two single session focus group interviews were held during students' last week of the course. One student from each of 21 sections of the course was randomly selected and encouraged to participate in one of the two interviews. This resulted in a sample of seven and eight students, respectively, for each session. Students completed a pre-interview survey, had a snack, then participated in the 2-hour interview. Results indicated that focus group interviews added an important dimension to the quantitative results of the study and provided insight into the student learning experience and course benefits; specifically, the need for current health information, the benefits of instruction on stress management, and appreciation for active learning opportunities. Results of this study support the focus group interview as an effective tool in the comparative evaluation of a college health education course. (Contains 12 references.) (SM)

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The Focus Group as an Effective Tool in College Health Education Evaluation

Abstract. In order to evaluate the required health and wellness course at Salem State College (SSC) I conducted a triangulation study using a student questionnaire, an instructor survey, and student focus group interviews. The interviews added an important dimension to the quantitative results and provided insight into the student learning experience and course benefits, specifically the need for current health information and appreciation of active learning opportunities. Results of this study support the focus group interview as an effective tool in the comparative evaluation of a college health education course

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INTRODUCTION

Despite the emergence of comparative evaluation design, or what Krueger (1994) defines as triangulation, "the use of two or more different research methods to address the same issue, to confirm findings, and to obtain both breadth and depth of information"(p. 29), college health education evaluation has remained strictly quantitative in nature (McClarrin & Sarris, 1985; Pearman, Valois, Sargent, Saunders, Drane, & Macera, 1997; Valois, 1987; Wilson & Quinn, 1990). Light (1993) describes this exclusively experimental approach as limited because traits such as personal growth and valuing, desirable outcomes of health education, are not easily measured. Additionally, Emery, Ritter-Randolph, Strozier, and McDermott (1993) suggest that data on certain college health issues is sensitive in nature and not easily obtained through positivistic and structured methods.

Recognizing the benefits of both quantitative and qualitative methods I conducted a triangulation study of Salem State College's(SSC) required three semester credit health and wellness course. The quantitative measures for the study included a student questionnaire which assessed health knowledge, attitudes, and locus of control, and a survey which asked instructors to rank course topics in order of importance as well as identify teaching methods. The qualitative measure involved two focus group interviews conducted to elicit student opinion of course content and delivery and to identify course benefits.

I chose to use focus group interviews because previous studies support the purpose and value of this methodology in higher education (Brodigan, 1992; Lederman, 1990) and in the development and assessment of health education efforts (Emery et al, 1993; Watts, Brockschmidt, Sisk, Baldwin, & McCubbin, 1997). I also selected this method because it's a relatively quick and inexpensive data collection technique.

APPROACH

The procedures followed in the interviews were based on a number of useful sources including Krueger (1994), Brodigan (1992), Buttram (1990), and Stewart and Shamdasani (1990). Initial planning for the interviews included the identification of resources and development of the action plan which included specific procedures and a timeline.

Early on I determined that the goal was to obtain information on student perception of the course, specifically content and delivery, and identifiable course benefits. Believing the focus groups could provide this information, two single session group interviews were conducted with students completing their last week of the course. Although more than one session is often recommended with a focus group (Brodigan, 1992), I was concerned that because it was the end of the semester, students would not attend a second or follow-up interview. Still, a representative sample was achieved in the two single session interviews. Using course registration lists, one student from each of the 21 course sections was randomly selected, notified, and encouraged to attend one of the two sessions. This

type of overrecruiting, as recommended by Brodigan (1992), resulted in a valid representative sample of 7 and 8 students respectively for each session. In order to encourage participation, refreshments were offered and the interviews were held at a convenient time and in a central campus location.

The specific sequence of interview events included an introduction, an "icebreaker" session, a written survey, and a semi-structured interview. A moderator experienced in conducting focus groups and college health education facilitated both interviews. Due to concerns expressed by SSC's Institutional Research Review Board regarding student confidentiality, the interviews were transcribed by three research assistants rather than audio or videotaped.

During the introduction, background information about the study was provided and student confidentiality assured. Each of the students who attended agreed to participate and signed a written consent form. Following the introduction, students were encouraged to help themselves to food and meet one another. This activity allowed the students to relax and establish a group rapport.

While the students finished their food, they were asked to complete a written survey identifying if and how the course addressed their health needs and interests, what content was included, how effective were the learning activities, and whether they developed useful or beneficial skills. This pre-interview survey would collect data which could be compared to the interview notes and other study data.

Once the surveys were completed and collected the moderator initiated the interview. Although the questioning route reflected many of the survey items, the interviews themselves allowed for an in-depth exploration of the course's impact. Both sessions lasted approximately two hours. Directly following each interview the moderator and research assistants held a debriefing session to review their field notes for consistency and accuracy.

Analysis of the interview data involved reviewing and transcribing the field notes and comments from the debriefing sessions. The transcribed notes and comments were again reviewed and color coded according to topic area. A detailed analysis of the topic areas was conducted and the results summarized. Finally, a report on the interview results was produced and examined as part of the comprehensive course evaluation.

CONTRIBUTION TO RESULTS

Because quantitative results for this study were mixed, the interviews provided important insight into the value of the course. For example, although results of the instructor survey indicated that essential content areas were covered, scores for health knowledge on the student questionnaire were low. The interviews, in turn, revealed that students felt certain content areas had not adequately met their health information needs. Specifically, students viewed the information on alcohol and drug use as "outdated," and not in context with the "reality" of what occurs among the college population. The majority of students also described coverage of tobacco as "brief," or "rushed," with one student commenting on the lack of information related to

quitting strategies. Students were also split on how well information related to sexual health met their needs. Although one student described her instructor as doing "a great job," and another stated that the instructor's comfort level in discussing the topic "made us more comfortable," other students stated that information on the subject was limited to assigned readings and videos.

Another finding exclusive to the interviews was the discovery of how important and beneficial instruction on stress management was to the students. Several students described stress as being a primary health issue and learning stress management strategies as the most valuable aspect of the course. Many of the students also described in-class stress management exercises as "fun," while one student commented on the benefit of completing a stress inventory, "I rated really high and I realized some of what was bothering me was making me totally stressed."

Results of the interviews also confirmed some of the quantitative results. Data from the instructor survey and student questionnaire supported what students in the interviews identified as positive learning experiences. In particular, students described learning activities which emphasized self-assessment and decision-making skills as "helpful in figuring out your bad habits;" "the best part of the class because you could really apply that stuff to your own life;" and "important because you got an idea of how to change your actions."

Finally, the interviews clearly established that students felt they benefited from taking the course. Students summarized the course as "valuable because it moves you from the transition of talking about something to making real decisions;" and "great to have in college because it gets you to talk and grow up." Another student summed it up by saying "college is very stressful, it's nice to have a class where you can talk about things that bother you or that you have problems with."

CONCLUSIONS

Although few studies related to college health education have used a comparative evaluation design, I found the inclusion of focus group interviews in this study to be beneficial. The interviews identified areas of improvement which may impact student health knowledge, confirmed the impact of course learning activities, and established the overall value of the course. Regarding content, it was clear that students wanted useful, relevant health information, appreciated instructor interaction but disliked information limited to assigned readings and media presentations. The value of self-assessments and activities which emphasize decision-making skills was also evident. Perhaps the most significant finding was that the course provides an important forum for discussion of health issues, something which students felt aided in the transition into college life as well as adulthood.

The interview results were also useful in developing course improvement strategies. Recommendations included faculty development opportunities to ensure access to current health

information and innovative teaching strategies and continued evaluation of the course.

Although the interviews enhanced the quantitative data for this course evaluation, it is important to note these findings are not generalizable. Another limitation is that follow-up interview sessions were not conducted. Still, it was my experience that the focus group interview as a supplement to quantitative procedures provides an important tool for examining student health education outcomes..

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